FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1017 E SOUTH ST

ORLANDO FL 32801

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09093

Mailing Address 1017 E SOUTH ST

ORLANDO FL 32801

2a. Mailing Address ...

City & State

Suite, Apt. #, etc.

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CYPRESS POINT REALTY, INC.

Country

			98 8:00ar of State
3.	DO NOT WRITE Date incorporated or Qualified	1 -171 1 -1 17	
	08/14/1989		
4.	FEI Number 59-2967524		Applied For Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Regulred
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
o.	Tradit and Contribution		
	This corporation owes or has pa Personal Property Tax due June		urrent year Intangible

24 25 29 30 Pε 9. Name and Address of Current Registered Agent 10, N 81 Name SLEMONS. WILLIAM M., III , 1017 E SOUTH ST 82 Street Address (P.O STE B 83 ORLANDO FL 32801 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, PVPS DELETE Change Addition TITLE 1.1 TITLE LIGHTSEY, JOHN T JR NAME 12 NAME 1017 E SOUTH ST STE. B STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE TITLE . 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST*ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 STITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6000024574WBhange DELETE 6.1 TITLE TITLE -03/25/98--01004--009 NAME 6.2 NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address